

APR. 19. 2004 10:13AM

CATALYST LAW GROUP 858 450 9834

NO. 0587 P. 1

FACSIMILE TRANSMITTAL SHEET

DATE: April 19, 2004

TO: **POA DIVISION**

FROM: Shar Dirkovich, Legal Assistant to
Michael B. Farber, Esq.

RE: Application No. 10/600,278
Revocation of Power of Attorney with New Power of Attorney
And Change of Correspondence Address

FAX NO: (703) 305-3230

No. Pages Including Fax Cover Sheet:

COMMENTS: Please see the attached for filing with Application Number 10/600,278.

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(37 C.F.R. § 1.8A)

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April 19, 2004

Shar Dirkovich

Signature of person signing

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NO. 0587 P. 2

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/600,278
	Filing Date	6/20/2003
	First Named Inventor	Carlo Licata
	Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	8039-002-CIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Michael B. Farber, Esq. Reg. No. 32,612
Signature	<i>Michael B. Farber</i>
Date	April 19, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:		April 19, 2004
Typed or printed	Shar Dirlovich	
Signature	<i>Shar Dirlovich</i>	Date April 19, 2004

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/600,278
Filing Date	6/20/2003
First Named Inventor	Carlo Licata
Art Unit	1724
Examiner Name	
Attorney Docket Number	8039-002-CIP

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

32301

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

32301

OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Michael B. Farber, Esq.

Signature

Date April 14, 2004

Telephone (858) 450-0099

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

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